

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

hours per form1.00

OMB Number: Expires:

3235-0076 May 31, 2005

Estimated average burden

SECTISE ONLY



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Denali Capital CLO V, Ltd. (the "Issuer") – Junior Subordinated Notes	05068568
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Denali Capital CLO V, Ltd. (the "Issuer")	
Address of Executive Offices (Number and Street, City, State, ZIP Code) c/o Maples Finance Limited, P.O. Box 1093 GT, Queensgate House, South Church Street, George Town, Grand Cayman, Cayman Islands (345) 945-7	Number (Including Area Code) 1099
Address of Principal Business Operations (if different from Executive Offices) same as above (Number and Street, City, State, ZIP Code) same as above same as above	Number (Including Area Code) ove
Brief Description of Business The Issuer will invest in, among other things, securities and other financial assets.	
Type of Business Organization corporation	n Islands exempted company
Actual or Estimated Date of Incorporation or Organization: Month	Estimated POCIOSED
ENERAL INSTRUCTIONS	THOMSON FINANCIAL

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Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICAT	ION DATA								
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past	five years;								
 Each beneficial owner having the power to vote or dispose, or direct the vothe issuer; 									
Each executive officer and director of corporate issuers and of corporate gen	neral and managing partners of partnership issuers; and								
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: Promoter Beneficial Owner Execu	utive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) DC Funding Partners LLC	٠								
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Spring Road, Suite 220, Oak Brook, Illinois 60523									
Check Box(es) that Apply: Promoter Beneficial Owner Execu	utive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Killion, David P.	· .								
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Spring Road, Suite 220, Oak Brook, Illinois 60523									
Check Box(es) that Apply: Promoter Beneficial Owner Execu	utive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Cooper, Gregory R.									
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Spring Road, Suite 220, Oak Brook, Illinois 60523									
Check Box(es) that Apply: Promoter Beneficial Owner Exec	utive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Coseo, Robert M.									
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Spring Road, Suite 220, Oak Brook, Illinois 60523									
Check Box(es) that Apply: Promoter Beneficial Owner Execu	utive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Dekker, David P.									
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Spring Road, Suite 220, Oak Brook, Illinois 60523									
Check Box(es) that Apply: Promoter Beneficial Owner Execu	utive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Thacker, John P.									
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Spring Road, Suite 220, Oak Brook, Illinois 60523									
Check Box(es) that Apply: Promoter Beneficial Owner Execu	utive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Kouba, Nicole									
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Spring Road, Suite 220, Oak Brook, Illinois 60523									

A. BASIC IDENTIFICATION DATA								
2. Enter the information requested for the following:								
• Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and								
Each general and managing partner of partnership issuers.								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Marienau, Scott A.								
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Spring Road, Suite 220, Oak Brook, Illinois 60523								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Marti, Kelli C.								
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Spring Road, Suite 220, Oak Brook, Illinois 60523								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Posch, Karen								
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Spring Road, Suite 220, Oak Brook, Illinois 60523								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Hinds, Phillip								
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Maples Finance Limited, P.O. Box 1093 GT, Queensgate House, South Church Street, George Town, Grand Cayman, Cayman Islands								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Allen, Helen								
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Maples Finance Limited, P.O. Box 1093 GT, Queensgate House, South Church Street, George Town, Grand Cayman, Cayman Islands								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Bunton, Carrie								
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Maples Finance Limited, P.O. Box 1093 GT, Queensgate House, South Church Street, George Town, Grand Cayman, Cayman Islands								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								

					B.	INFORM	ATION AF	OUT OFF	ERING					
1.								YES	NO					
2.								\$100,000 for Class D-1 Note \$25,000 for Cla D-2 Notes						
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3.	Does th	e offering	permit joir	nt ownersh	ip of a sing	zle unit?							YES	NO
4.	Enter the or similar listed is of the b	ne information in the informatio	tion reques ration for s ated person	sted for each solicitation nor agent of nore than f	ch person von of purchatof a broker ive (5) per	who has been sers in control or dealer resons to be 1	n or will be nection with egistered wi	paid or giv sales of se th the SEC sociated per	en, directly curities in and/or with	or indirecthe offering a state or	tly, any co g. If a per states, list	mmission son to be the name		
Full N	ame (Las	st name fir	st, if indivi	dual)						-				
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			loor, New		w York 10	0017								
Name	of Assoc	iated Brok	ter or Deale	er										
States	in Whicl	h Person L	isted Has S	solicited or	r Intends to	Solicit Pur	chasers							
	•												All States	8
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Name	of Assoc	iated Brok	er or Deal	er										
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$45,100,000	\$10,600,000
	Equity	\$0	\$0
	Common Preferred	30	
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$0
	Total	\$45,100,000	\$10,600,000
	Answer also in Appendix, Column 3, if filing under ULOE.		\$10,000,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	16	\$10,600,000
	Non-accredited investors	0	\$0
	Total (for filings under Rule 504 only)	N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$N/A
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$N/A
	Total	N/A	\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	🖂	so
	Printing and Engraving Costs		
	Legal Fees		
	Accounting Fees	🖂	\$0
	Engineering Fees	🗵	\$0
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)	🖂	\$0
	Total	🖂	\$0

	MBER OF INVESTORS, EXPENSES AND USE O					
b. Enter the difference between the aggregate total expenses furnished in response to Part C - Question to the issuer."	offering price given in response to Part C - Questio 4.a. This difference is the "adjusted gross proceed p	n 1 a	and eds			
5. Indicate below the amount of the adjusted gross of the purposes shown. If the amount for any purpose to the left of the estimate. The total of the payme issuer set forth in response to Part C - Question 4.b above.	nts listed must equal the adjusted gross proceeds	the	box	\$45,100,000		
			Payments to Officers, Directors, & Affiliates	Payments to Others		
Salaries and fees		Ø	\$0	⋈ \$0		
Purchase of real estate		\boxtimes	\$ 0	⊠ \$ 0		
Purchase, rental or leasing and installation of mac	hinery and equipment	Ø	\$ 0	⊠ \$0		
Construction or leasing of plant buildings and fac	ilities	\boxtimes	\$0	⊠ \$ 0		
Acquisition of other businesses (including the val offering that may be used in exchange for the ass- issuer pursuant to a merger)			\$0	⋈ \$ 0		
Repayment of indebtedness		\boxtimes	\$0	⊠ \$0		
Working capital		\boxtimes	50	⊠ \$0		
Other (specify):		×	\$0	\$45,100,000		
		\boxtimes	\$ 0	⊠ \$0		
Column Totals		Ø	\$0	\$45,100,000		
Total Payments Listed (column totals added)		-	\$45,100,000			
	D. FEDERAL SIGNATURE					
The issuer has duly caused this notice to be signed by the u signature constitutes an undertaking by the issuer to furnish information furnished by the issuer to any non-accredited in	to the U.S. Securities and Exchange Commission, up					
Issuer (Print or Type)	Signature 0 Q		Date	. /		
Denali Capital CLO V, Ltd.			Septa	بح احد		
Name of Signer (Print or Type)	Title of Signer (Print or Type)	<u></u>		- 1		
Carrie Bunton	Director of the Issuer					